

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043259

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 71 Primary Registration District No. 5287 Registrar's No. 137

STATE FILE NUMBER

FILED DEC 11 1963

|   |   |   |                                   |
|---|---|---|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>                                     |                                   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Fishing River Twp</u>   |   | c. CITY OR TOWN <u>Excelsior Springs</u>  |                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>2 miles S. Ex. Springs</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>2 miles S. Ex. Springs</u>  |                                   |
| 3. NAME OF DECEASED<br>(Type or print) <u>MARGARET DORA TITUS</u>   |   | 4. DATE OF DEATH<br>Month <u>Nov.</u> Day <u>22</u> Year <u>1963</u>  |                                   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                 | 8. DATE OF BIRTH <u>1-30-1895</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>  |                                   |
| 11. BIRTHPLACE (City and state or country)<br><u>Ray Co., Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |                                   |
| 13a. FATHER'S NAME<br><u>Ferdinand Schindler</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Katie Plattner</u>  |                                   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Hubert Titus</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                   |
| 16. SOCIAL SECURITY NO.<br><u>[redacted]</u>  |   | 17. INFORMANT<br><u>Hubert Titus, Ex. Springs, Mo.</u>  |                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u><br>DUE TO (b) <u>Coronary Thrombosis &amp; Myocardial Infarction</u><br>DUE TO (c) <u>Essential Arteriosclerosis</u> |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>several years</u>  |                                   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                                   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                   |
| 20c. TIME OF INJURY<br>Hour <u>[redacted]</u> a.m. <u>[redacted]</u> p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |                                   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |                                   |
| 21. I attended the deceased from <u>1-6-58</u> to <u>11-22-63</u> and last saw her alive on <u>11-18-63</u><br>Death occurred at <u>3:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.                            |   |   |                                   |
| 22a. SIGNATURE<br><u>C. F. Lambuth, Jr.</u>   |   | 22b. ADDRESS<br><u>Excelsior Springs, Mo.</u>   |                                   |
| 22c. DATE SIGNED<br><u>11-25-63</u>   |   | 23. LOCATION (City, town, or county) (State)<br><u>Excelsior Springs, Mo.</u>   |                                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>11-25-63</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Crown Hill</u>   |                                   |
| 24. FUNERAL DIRECTOR<br><u>Prichard Funeral Home, Inc.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>11-22-63</u>   |                                   |
| 26. REGISTRAR'S SIGNATURE<br><u>Caroline Hutchings</u>  |   | 27. EMBALMER'S STATEMENT ON REVERSE SIDE  |                                   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 6000

2 6000

3

4 1

5 1

6

7 0

8 2

9 4201

10

11

12 90-2

13 1-0

Burial Permit Issued 11-22-63 E.H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Linden J. Jannan*

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.